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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/748,689	12/30/2003	Robert L. Dahlstrom	038069-0102	1984
23524 FOLEY & LAR	7590 03/11/200 RDNER LLP	8	EXAM	IINER
150 EAST GILMAN STREET			ALAM, UZMA	
P.O. BOX 1497 MADISON, WI 53701-1497			ART UNIT	PAPER NUMBER
			2157	
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			03/11/2008	PAPER

## Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Interview Summary	10/748,689	DAHLSTROM ET AL.	
interview Summary	Examiner	Art Unit	
	UZMA ALAM	2157	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>UZMA ALAM</u> .	(3)		
(2) <u>Callie M. Bell Reg. No. 23,524</u> .	(4)		
Date of Interview: 29 November 2007.			
Type: a)⊠ Telephonic b)⊡ Video Conference c)⊡ Personal [copy given to: 1)⊡ applicant 2	r)∏ applicant's representati	ve]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e) No.		
Claim(s) discussed: <u>None</u> .			
Identification of prior art discussed: None.			
Agreement with respect to the claims f) was reached. g	)∏ was not reached. h)⊠	N/A.	
Substance of Interview including description of the general reached, or any other comments: Applicant stated that there v 6/1/07			
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached	opy of the amendments that		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INTIFILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW on reverse side or on attached sheet.	last Office action has alread OF ONE MONTH OR THIR ERVIEW SUMMARY FORM	dy been filed, APP TY DAYS FROM 1 I, WHICHEVER IS	LICANT IS THIS LATER, TO
Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.	 Examiner's si	gnature, if required	<u></u>

Application No.

Applicant(s)